

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968888	(X3) DATE SURVEY COMPLETED 07/25/2017
NAME OF PROVIDER OR SUPPLIER THE ARLINGTON OF NAPLES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8000 ARLINGTON CIR NAPLES, FL 34113	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced relicensure survey was conducted 7/24/17 through 7/25/17 at The Arlington of Naples, an assisted living facility (license # 12769) in Naples, Florida.

No deficiencies were found at the time of the visit.